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**FACSIMILE TRANSMITTAL**

TO

**Name:** USPTO  
**Fax No.:** 571.273.8300  
**Subject:** U.S. Application Number 10/693,082

Date: May 18, 2006

**FROM**

**Name:** Jay A. Stelacone  
**Fax # Verified by:** JAS  
**Attorney Docket No.:** 0023.0017

**Phone No.:** 410-741-0973  
**# Pages (incl. this):** 16

**PLEASE DATE-STAMP TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:**

**In Re Application of: Wilmer L SIBBITT, Jr.**

**Application No.: 10/693,082**

**Group Art Unit: 3763**

Filed: October 27, 2003

**Examiner: Cris Rodriguez**

**For: COLORFUL SHIELDED RECIPROCATING BUTTERFLY NEEDLE**

1. Transmittal Form (1 page)
  2. Petition for Extension of Time – 1 month (1 page)
  3. Reply to Office Action (11 pages)
  4. Fee Transmittal (1 page)
  5. Credit Card Payment Form (1 page)

**Due Date:** N/A

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MAY 18 2006

PTO/SB/21 (09-04) (modified)  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 15 Attorney Docket Number 0023.0017

**ENCLOSURES (Check all that apply)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal (1 page)  | <input type="checkbox"/> Drawings – FIGS. 1- ( pages)             |
| <input type="checkbox"/> Credit Card Payment Form (1 page)  | <input type="checkbox"/> Petition ( pages)                        |
| <input checked="" type="checkbox"/> Reply to Office Action (11 pages)   | <input type="checkbox"/> Terminal Disclaimer ( pages)             |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Request for Refund ( pages)              |
| <input checked="" type="checkbox"/> Petition for Extension of Time – 1 month(s) (1 page)  | <input type="checkbox"/> After Allowance Communication ( pages)   |
| <input type="checkbox"/> Information Disclosure Statement (2 pages)   | <input type="checkbox"/> Notice of Appeal ( pages)                |
| <input type="checkbox"/> Form PTO/SB/08A (1 page)   | <input type="checkbox"/> Appeal Brief ( pages)                    |
| <input type="checkbox"/> Copy(ies) of Document(s) Listed on Form PTO/SB/08A ( pages)  | <input type="checkbox"/> Status Inquiry ( pages)                  |
| <input type="checkbox"/> Response to Notice to File Missing Parts ( pages)  | <input type="checkbox"/> Change of Attorney Docket Number ( page) |
| <input type="checkbox"/> Fully-Executed Declaration ( pages)  | <input type="checkbox"/> Other Enclosure(s):                      |
| <input type="checkbox"/> Copy of Notice ( pages)  |   |
| <input type="checkbox"/> Assignment Cover Sheet ( pages)  | Remarks:  |
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| <input type="checkbox"/> Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address ( pages) |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Law Office of Thomas M. Isaacson		
Signature			
Printed Name	Jay A. Stelacone		
Date	May 18, 2006	Reg. No.	42,168

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this Transmittal Form and the above-identified correspondence are being facsimile transmitted to the USPTO's Central FAX Number (571-273-8300) on the date shown below:

Signature			
Typed or printed name	Jay A. Stelacone	Date	May 18, 2006

MAY 18 2006

PTO/SB/17 (01-08)

Approved for use through 07/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

60.00

**Complete if Known**

Application Number	10/693,082
Filing Date	October 27, 2003
First Named Inventor	Wilmer L. SIBBITT, Jr.
Examiner Name	Cris Rodriguez
Art Unit	3763
Attorney Docket No.	0023.0017

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2960			Deposit Account Name: Isaacson Law Office	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues) \_\_\_\_\_

Each independent claim over 3 (including Reissues) \_\_\_\_\_

Multiple dependent claims \_\_\_\_\_

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
- 20 or HP =	x	=			50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=		200	100

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

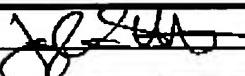
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other (e.g., late filing surcharge): Extension of Time fee - 1 month \_\_\_\_\_

\$60.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 42,168	Telephone 410-414-3056
Name (Print/Type)	Jay A. Stelacone		Date May 18, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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